



DEPARTMENT OF THE ARMY  
HEADQUARTERS, UNITED STATES ARMY MEDICAL COMMAND  
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FORT SAM HOUSTON, TEXAS 78234-6010

REPLY TO  
ATTENTION OF

MCHO-CL-P (40)

24 FEB 1997

MEMORANDUM FOR Commanders, MEDCOM Regional Medical Commands

SUBJECT: Housing Service Members (SMs) Placed on Quarters in Medical Treatment Facilities (MTFs)

1. A goal of each MTF commander should be to improve the utilization management posture of their MTF by managing care in the appropriate settings. In the past, the acceptable MTF practice was to admit SMs or retain them in the hospital longer than required because alternative housing options were not available. This practice resulted in an inappropriate inflation of inpatient workload and an inordinate increase of occupied bed days. We recognize that although some SMs may not be ill enough to warrant admission, it is inappropriate for them to be placed on quarters and returned to the barracks. A viable option is to house those self-care SMs in the MTF.

2. All MTFs that have a need to retain SMs in the hospital should develop and market a standing operating procedure (SOP) for their facility. A U.S. Army Medical Command process action team (PAT) has determined the requirements listed below should be included in your local SOP.

a. Criteria for Assignment:

(1) A privileged provider should make the determination to house SMs in the MTF instead of returning them to their barracks.

(2) The SM must be self-care/self-medicating.

(3) The stay in the MTF should normally be for less than 72 hours (renewable if required).

Self Care

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(4) Nursing care or food delivery should not be required.

(5) A privileged provider will review their condition daily if required, or at a minimum, prior to their returning to duty.

b. Meals: SMs are authorized to eat in the dining facility by using their meal card or by paying the applicable meal rate if they are on separate rations.

c. Workload Credit: There is no inpatient workload credit associated with SMs. Outpatient workload should be captured in the appropriate clinics.

d. Documentation Requirements: Outpatient records should reflect any treatment provided in outpatient clinics. The order to place a SM on quarters in the MTF will be documented on a SF 600, Chronological Record of Medical Care, and a DD Form 689, Individual Sick Slip, which will be provided to the unit commander.

e. Resources: The resourcing plan for the MTF should include the requirements to provide command and control, accountability, linen support, meal support, security, housekeeping, and other required administrative services for the housing area.

f. Risk Management: Housing rules should be provided to all personnel residing in the MTF. The hospital plan for provision of care should indicate medical care will not be provided in the housing area and all safety and infection control standards for public access will be adhered to.

g. Charges: SMs are not charged to reside in the MTF except for non-meal card holders who pay the applicable meal rate.

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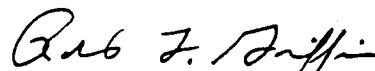
h. Patient Tracking/Unit Notification: Immediate notification of unit commanders of SMs placed on quarters in MTFs is required utilizing procedures similar to the reporting process of SMs admitted. Service members will remain assigned to their units while being placed on quarters in the MTF. The individual sick slip should reflect they are on quarters residing in the MTF. The remain over night (RON) module in the Composite Health Care System provides an automated process for the tracking of SMs.

i. Construction: Any major construction which would impact on the ability to reclaim a ward for inpatient care must be coordinated with the Medical Facilities Management Division.

3. The PAT is also reviewing requirements associated with housing family members, Ambulatory Patient Visits, observation patients, sub-acute care units, and aeromedical evacuation of patients in a RON status. Patients in these categories do not require admission; however, we need to maintain consistency in the Medical Expense Performance Report Summary workload accounting, medical records documentation, application of charges for meals, etc.

4. The point of contact for the PAT is MAJ Oliver, Patient Administration Division, Directorate of Clinical Operations, DSN 471-6113.

FOR THE COMMANDER:



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